



STATE OF NEW HAMPSHIRE
DEPARTMENT OF ENVIRONMENTAL SERVICES
WASTE MANAGEMENT DIVISION
6 HAZEN DRIVE
CONCORD NH 03301

RENEWAL APPLICATION FOR SOLID WASTE FACILITY OPERATOR CERTIFICATION

PLEASE PRINT

1. GENERAL

- a. _____
(your last name) (first name) (middle)
- b. _____
(street or box #) (city) (state) (zip)
- c. _____
(home phone) (business phone) (social security number)
- d. _____
(facility where currently employed) (job title)
- e. _____
(facility address) (city) (state) (zip)

PLEASE INDICATE IF ANY OF THE ABOVE INFORMATION HAS CHANGED SINCE CERTIFICATION

YES _____

NO _____

2. CURRENT CERTIFICATION

- a. _____ b. _____ c. _____
(certificate number) (level) (expiration date)
- d. _____
(date(s) of annual workshop(s) attended*)

*** VERIFICATION OF WORKSHOP ATTENDANCE MUST BE PROVIDED WITH APPLICATION. APPLICATIONS FOR RENEWAL RECEIVED AFTER THE DATE OF CERTIFICATE EXPIRATION WILL BE CHARGED A 50% LATE FEE IN ADDITION TO THE \$50.00.**

I hereby certify the information given is true and complete to the best of my knowledge. I further agree to abide by the provisions of NH Solid Waste Rules.

(date)

(signature)

This program is conducted in accordance with Chapter 3300 of the NH Solid Waste Rules. Please enclose a check or money order with the application, for the amount of \$50.00 (fifty dollars), made payable to the "Treasurer, State of New Hampshire".

